JOURNAL OF INTERDISCIPLINARY PERSPECTIVES

ISSN Print: 2984-8288, ISSN Online: 2984-8385
Vol. 3 No. 3, pp. 193-202, March 2025

Health Practices and Job-Related Health Concerns in a Tourist Facility in Candijay, Bohol, Philippines

Jesszon B. Cano*, May Amor D. Gucor, Lilanie M. Olaso, Arlinda N. Ramasola, Darwin A. Lim
Hospitality Management Department, Bohol Island State University-Candijay, Bohol, Philippines

*Corresponding Author Email: jesszon.cano@bisu.edu.ph

Date received: December 12, 2024
Date revised: January 28, 2024
Date accepted: February 14, 2025

Originality: 99%
Grammarly Score: 99%
Similarity: 1%

Recommended citation:
Cano, J., Gucor, M.A., Olaso, L., Ramasola, A., Lim, D. (2025). Health practices and job-related health concerns in a tourist facility in Candijay, Bohol, Philippines. *Journal of Interdisciplinary Perspectives*, 3(3), 193-202.
https://doi.org/10.69569/jip.2024.0671

Abstract. Tourism-related facilities play a vital economic role, significantly contributing to employment generation. These industries often demand fast-paced work and long hours, aiming to deliver high customer service standards. This study aimed to determine the health promotion practices and the work-related health problems among employees in Eleuterio's Can-Umantad Falls & Rice Terraces Resort Incorporated, 2024. The study's outcome served as the basis for formulating an action plan. In particular, the study answers the following: 1) the Health promotion practices of the respondents, 2) the Work-related health problems of the respondents, and 3) the Significant relationship between the respondents' health promotion practices and their work-related health concerns. This study employed a descriptive survey research design to assess the health promotion practices and work-related health problems among the 46 employees of the establishments. This study used a two-part, researcher-made questionnaire assessing the respondents' profiles derived from secondary sources. Most respondents were aged 21-30 (43.47%), single (69.57%), and Roman Catholic (76.08%). Males and females were equally represented (50% each). Most were college-level (41.30%) and worked in the Food and Beverage Department (45.66%). Most had 1-2 years of service (43.48%), with only 6.52% having over 10 years. This study highlighted gaps in health promotion practices and the prevalence of work-related health issues among employees. Issues like respiratory illnesses and physical discomfort call for improved health measures to enhance employee well-being, productivity, and morale. The findings stress the need for holistic health strategies and workplace policies to ensure a healthier, more efficient workforce, serving as a basis for future interventions in the tourism industry.

Keywords: Candijay Bohol Philippines; Health promotion practices; Occupational health and safety; Tourism industry workplace; Work-related health problems.

1.0 Introduction

Tourism-related facilities play a vital economic role, significantly contributing to employment generation. These industries often demand fast-paced work and long hours, aiming to deliver high customer service standards. However, such environments may adversely impact employees' well-being, morale, and productivity. Prolonged exposure to stressful working conditions can lead to severe health outcomes, including illnesses, absenteeism, reduced productivity, disability, or even mortality (Ramesh et al., 2018).

The health status of the workforce is directly linked to national and global economic performance. As Turner (2019) argued, occupational illnesses and injuries create substantial economic losses, hindering economic development. Investing in better working conditions is a health imperative and a critical economic strategy. Similarly, Schneider and Becker (2020) emphasized that work-related injuries, illnesses, and fatalities burden

employers, workers, and organizations. These conditions reduce life expectancy and productivity, ultimately depleting the labor force and diminishing national income and economic output.

Through repeated visits to Eleuterio's Can-Umantad Falls and Rice Terraces Resort, the researchers observed significant changes in employees' health records during annual physical examinations. Over the past three years, the facility has reported a steady rise in absenteeism due to work-related health issues, as the Human Resource Department noted. Specifically, there were 55 absences in 2021, 81 in 2022, and 113 in 2023, with projections of further increases. Common ailments such as cough, fever, headache, and sore throat were the primary causes of absenteeism. This alarming trend has prompted researchers to investigate the factors contributing to these health issues and identify strategies for improvement. This study aimed to determine the health promotion practices and the work-related health problems among employees in Eleuterio's Can-Umantad Falls & Rice Terraces Resort Incorporated, 2024. In particular, the study answers the following: 1) the Health promotion practices of the respondents and 2) the Work-related health problems of the respondents.

2.0 Methodology

2.1 Research Design

This study employed a descriptive survey research design to assess the health promotion practices and work-related health problems among employees of Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated. The descriptive survey design was chosen to provide a detailed and accurate account of employee health and workplace conditions without manipulating variables.

2.2 Research Locale

The study was conducted at Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated, located within the Cadapdapan Rice Terraces in Candijay, Bohol. This site is not only a popular tourist destination, offering activities such as picnics, river trekking, human hamster ball rolling, and swimming, but it also serves as an alternative destination for visitors to the island. Its main attraction, the sixty-foot Can-Umantad Falls—the tallest waterfall in Bohol—is complemented by the scenic terraces, creating a unique environment for recreation and relaxation.

The locale is particularly suited for the current study due to its high employee interaction with a diverse and transient tourist population, which may contribute to workplace health dynamics. The facility has recorded a steady increase in absenteeism attributed to work-related health issues over the past three years, making it an ideal setting to investigate the factors influencing employee health. The availability of detailed health records from the Human Resource Department further supports the suitability of this site for the research. Additionally, its role as a key player in the local tourism industry underscores the importance of addressing workplace health concerns to ensure sustainable operations and maintain its reputation as a premier destination. No sample size computation was necessary, as all individuals meeting the study's criteria were included, ensuring comprehensive data collection and analysis.

2.3 Research Respondents

The respondents of this study were 46 employees working at Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated. These individuals were directly involved in various roles within the resort, including front-line staff, maintenance workers, housekeeping personnel, food service staff, and administrative employees. The population of this study consisted of all employees at the resort, and the sample was selected based on convenience sampling, as all individuals who met the study's criteria were included. This method was chosen due to the availability and accessibility of the entire workforce, ensuring comprehensive data collection from a diverse range of employees across different operational areas. This approach allowed for a more inclusive understanding of the factors influencing absenteeism and health conditions within the facility.

2.4 Research Instrument

This study utilized a two-part, researcher-made questionnaire, assessing the respondents' profiles derived from secondary sources. Part I of the research tool consisted of items evaluating the respondents' health promotion practices, patterned after the Eight Universal Self-Care Requisites. Respondents rated their health promotion practices on a four-point scale: 4 for "Always," indicating the activity was highly practiced; 3 for "Frequent," indicating the activity was moderately practiced; 2 for "Rarely," indicating the activity was seldom practiced; and

1 for "Never," indicating the activity was not practiced at all. Part II of the questionnaire identified the respondents' work-related health problems.

Since the questionnaire was researcher-made, it underwent a thorough validation and reliability testing process. Content validation was performed by a panel of experts in occupational health, human resource management, and survey design to ensure the instrument's relevance and appropriateness. Feedback from the panel was used to revise and refine the items to improve clarity and alignment with the study objectives. A pilot study was conducted with a small group of respondents similar to the study population for reliability testing. The instrument's reliability was measured using Cronbach's alpha, which ensured internal consistency. These steps ensured the instrument was valid and reliable for collecting accurate and meaningful data.

2.5 Data Gathering Procedure

The data-gathering procedures for this study began with careful preparation, starting with securing formal permission from the management of Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated. A letter of request detailing the purpose and objectives of the research and assuring the confidentiality of all collected data was sent. Once approval was granted, the researcher coordinated closely with the Human Resources Department (HRD) to facilitate data collection.

The process included obtaining secondary data, such as the Accident and Illness Quarterly Reports for 2024, which provided essential information about work-related health problems experienced by employees. This secondary data was also used to describe the respondents' profiles, ensuring a comprehensive understanding of the study population. For primary data collection, a two-part, researcher-made questionnaire was administered. Part I evaluated the respondents' health promotion practices, while Part II identified work-related health problems. The instruments were distributed to the respondents, and clear instructions were provided to ensure accurate and honest responses. After completing the questionnaires, they were collected and reviewed to ensure completeness. This systematic approach ensured the reliability and validity of the data gathered for the study.

2.6 Ethical Considerations

The researcher ensured respondents that all information gathered would remain confidential, emphasizing ethical considerations to protect the privacy of the participants and the institution. Secondary data were collected with the formal approval of the Director of the Human Resources Department (HRD). Specifically, the researcher requested and obtained the Accident and Illness Quarterly Reports for 2024, which provided detailed records of work-related health issues experienced by the employees. These secondary data were crucial for understanding absenteeism trends and profiling the respondents.

The choice of this locale was further justified by its unique operational characteristics and the high prevalence of work-related health issues, as evidenced by the secondary data. This resort was identified as an ideal research site due to its significance as a tourist facility, its diverse workforce engaged in various operational roles, and the availability of relevant organizational health records. This combination provided a robust foundation for studying health promotion practices and work-related health problems, making it a suitable setting for this investigation. In addressing the ethical implications of disclosing the institution's name, careful consideration was given to participant confidentiality and institutional reputation. While the name was retained to provide context and credibility, measures were implemented to anonymize sensitive data and mitigate any ethical risks associated with the disclosure.

3.0 Results and Discussion

3.1 Demographic Profile

Table 1 shows twenty (20), or 43.47%, of the respondents who are 21 to 30 years old, got the highest frequency, while the age range of 41 years old and above got the lowest frequency of one (5) or 10.87%. Male and female respondents have the same frequency of twenty-three (23) or 50%. Also, it shows that most respondents were single, with a frequency of thirty-two (32) or 69.57%, while separated and widowed respondents had the lowest frequency of two (2) or 4.35%. Regarding religion, most respondents were Roman Catholic, with a frequency of thirty-five (35) or 76.08%, while Non-Catholic respondents got the lowest frequency of eleven (11) or 23.92%. For the highest Educational Attainment, most respondents were College Level with a frequency of nineteen (19) or

41.30%, while the lowest frequency of ten (10) or 21.74% were College Graduates. In addition, most respondents were in the Food and Beverage Department, with a frequency of twenty-one (21) or 45.66%, while the lowest frequency of one (1) or 2.17% were in the Accounting and Construction Department. Finally, in terms of Length of Service, the respondents who were in one to two (1-2) years of service got the highest frequency with twenty (20) or 43.48%, while the respondents who were more than ten (10) years of service got the lowest frequency of three (3) or 6.52.

Table 1. *Profile of the Respondents* (n=46)

Age	Frequency	Percentage (%)
20 years old below	7	15.2
21-30	20	43.4
31-40	14	30.4
41 years above	5	10.8
Sex		
Male	23	50.0
Female	23	50.0
Civil Status		
Single	32	69.5
Married	10	21.7
Separated	2	4.35
Widowed	2	4.35
Religion		
Roman Catholic	35	76.0
Non-Catholic	11	23.9
Highest Educational Attainment		
High School Graduate	17	36.9
College Level	19	41.3
College Graduate	10	21.7
Department		
Food & Beverage	21	45.6
Human Resource	3	6.52
Front Office	8	17.3
Kitchen	9	19.5
Sales and Marketing	3	06.5
Accounting	1	2.17
Construction	1	2.17
Length of Service		
1 – 2 years	20	43.4
3 – 5 years	12	26.0
6 – 10 years	11	23.9
More than 10 years	3	6.52

3.2 Health Promotion Practices

Table 2 shows the respondents' health promotion in terms of intake of air.

Table 2. *Health Promotion Practices in Terms of Intake of Air*

Indicators	Mean	Description
1. I open the windows in my room and workplace or use a fan or electric fan for fresher air.	3.37	Always Practice
2. I sleep in the upright position or any position that will help me breathe with ease.	3.13	Often Practice
3. I perform deep breathing exercises.	3.13	Often Practice
4. I avoid exposure to air pollution such as smoke, smog, etc.	3.04	Often Practice
5. I do not smoke and avoid smokers.	2.76	Often Practice
6. I avoid people who are smoking or areas where people smoke.	2.98	Often Practice
7. I avoid form going to crowded places.	2.93	Often Practice
8. I refrain from wearing tight or constrictive clothing.	3.07	Often Practice
Sub-composite Mean	**3.05**	**Often Practice**

Item no. 1, "In my room and my workplace, I open the windows or use a fan or electric fan for fresher air.," received the highest weighted mean of 3.37, categorized as Always Practice. This signifies that most respondents prioritized ventilation in their living and working environment to ensure a supply, which led to a significant aspect of maintaining a healthy indoor environment. While item no. 5, "I do not smoke and avoid smokers.," obtained the lowest weighted mean of 2.76, described as Often Practice. This suggests that while respondents often try to avoid

smoking and secondhand smoke, it is not as consistently practiced as other health behaviors. The sub-composite mean score of 3.05 indicates that, on average, individuals often engage in behaviors that promote good air intake and respiratory health. This consistent practice suggests a general awareness and proactive attitude toward maintaining optimal air quality in personal environments. Supporting this finding, a study by Mahdavi et al. (2019) demonstrated that individuals who frequently engage in behaviors such as ventilating indoor spaces and avoiding pollutants have significantly better respiratory health outcomes. The study emphasizes the importance of consistent personal practices in mitigating the adverse effects of poor air quality.

Table 3 shows the respondents' health promotion in terms of fluid intake. Item no. 9, "I drink every time I am thirsty," received the highest weighted mean of 3.62 and was categorized as Always Practice. This indicates that most respondents consistently prioritized staying hydrated by drinking fluids whenever they felt thirsty. On the other hand, item 12, "I refrain from drinking alcoholic and caffeinated beverages.," obtained the lowest weighted mean of 2.67, described as Often Practice. This suggests that while respondents often try to limit their alcoholic and caffeinated beverages, it is not as consistently practiced as drinking sufficient water.

Table 3. *Health Promotion Practices in Terms of Fluid Intake*

Indicators	Mean	Description
1. I drink 6-8 glasses of water a day.	3.59	Always Practice
2. I eat foods with high water/fluid content.	3.13	Often Practice
3. I drink every time I am thirsty.	3.62	Always Practice
4. I refrain from drinking alcoholic and caffeinated beverages.	2.67	Often Practice
5. I drink many fluids after activities that result in extreme sweating and fluid loss.	3.02	Often Practice
Sub-composite Mean	**3.21**	**Often Practice**

The sub-composite mean score of 3.21 reveals that individuals often engage in health promotion practices related to fluid intake. This highlights that participants are generally mindful of maintaining adequate hydration through regular water consumption and choosing foods with high water content. They also tend to drink when thirsty and rehydrate after activities that cause significant fluid loss. However, there is less consistency in avoiding alcoholic and caffeinated beverages, indicating potential areas for improvement in fluid intake practices. In a study by Popkin, D'Anci, and Rosenberg (2018), the research highlights the importance of consistent hydration for overall health, stating that adequate water intake is crucial for bodily functions and can improve physical and cognitive performance.

Table 4 shows the respondents' health promotion in terms of food intake. In item no. 19, "I always read the labels of food, beverages, and other products in the market, grocery store, and supermarket before I buy them." It got the highest weighted mean of 3.33 and was categorized as Always Practice. This shows that reading labels is the most consistently followed behavior. Conversely, item no. 17, "I refrain from eating unhealthy foods.," obtained the lowest weighted mean of 2.76, described as Often Practice. This suggests that while respondents often refrain from eating healthy foods, this highlights additional support or strategies to help individuals more consistently avoid unhealthy food choices.

Table 4. *Health Promotion Practices in Terms of Food Intake*

Indicators	Mean	Description
1. I observe a well-balanced diet in every meal.	2.89	Often Practice
2. I eat meals on time.	3.22	Always Practice
3. I take snacks in between meals.	2.85	Often Practice
4. I refrain from eating unhealthy foods.	2.76	Often Practice
5. I take vitamin and mineral supplements.	2.78	Often Practice
6. I always read the labels of food, beverages, and other products in the market, grocery store, and supermarket before I buy them.	3.33	Always Practice
Sub-composite Mean	**2.97**	**Often Practice**

The sub-composite mean score of 2.97 suggests that individuals often practice healthy food intake behaviors. This score reflects a general tendency to maintain a balanced diet, eat meals on time, and make informed food choices by reading labels. While snacks between meals, avoiding unhealthy foods, and taking supplements are also common, they are less consistently followed. This data can be supported by a study by Slavin and Lloyd (2021), which emphasizes the benefits of consistent meal timing and label reading for making healthier dietary choices and maintaining overall well-being.

Table 5 shows the respondents' health promotion regarding bowel and bladder habits. Item no. 24, "I wash my hands with soap and water after using the toilet.," got the highest weighted mean of 3.59, categorized as Always Practice. This suggests a strong awareness and adherence to personal hygiene practices, which are crucial for preventing the spread of infections and maintaining overall health. In contrast, item no. 23, "I defecate every time I have the urge or bowel movement.," obtained the lowest weighted mean of 3.02, described as Often Practice. This less consistent behavior may be affected by factors such as busy schedules, lack of immediate access to restrooms, or other personal habits.

Table 5. *Health Promotion Practices in Terms of Bowel and Bladder Habits*

Indicators	Mean	Description
1. I move my bowels regularly.	3.24	Often Practice
2. I urinate right away when I feel like peeing.	3.43	Always Practice
3. I eat high-fiber foods, including fruits and vegetables.	3.20	Often Practice
4. I defecate every time I have the urge or bowel movement.	3.02	Often Practice
5. I wash my hands with soap and water after using the toilet.	3.59	Always Practice
Sub-composite Mean	**3.30**	**Always Practice**

The sub-composite mean score of 3.30 shows that respondents "always practice" healthy bowel and bladder habits. This high score reflects a consistent approach to maintaining good hygiene and regularity in bowel and bladder functions. Key practices such as urinating promptly when needed and washing hands after using the toilet are performed consistently. Additionally, practices like regular bowel movements, high-fiber foods, and responding to the urge to defecate are often followed, though slightly less consistently. This data links to a study by O'Reilly et al. (2019) that underscores the importance of regular bowel movements and proper hygiene for overall health, noting that consistent habits in these areas contribute to digestive health and the prevention of infections.

Table 6 shows the respondents' health promotion regarding activity and rest. In item no. 25, "I exercise regularly," got the highest weighted mean of 3.11, categorized as Often Practice. This reveals that consistent regular exercise practice suggests a strong awareness of its benefits, such as improved physical health, mental well-being, and overall fitness. Meanwhile, item no. 29, "I engage in a wholesome hobby," obtained the lowest weighted mean of 2.67, described as Often Practice. This suggests that time constraints, availability of resources, or personal interests may influence less consistent engagement in hobbies.

Table 6. *Health Promotion Practices in Terms of Activity and Rest*

Indicators	Mean	Description
1. I exercise regularly.	3.11	Often Practice
2. I sleep for 6-8 hours a day.	2.87	Often Practice
3. I take naps daily.	2.83	Often Practice
4. I take rest periods in between activities.	2.87	Often Practice
5. I engage in a wholesome hobby.	2.67	Often Practice
6. I do sports during my free time.	2.78	Often Practice
Sub-composite Mean	**2.86**	**Often Practice**

The sub-composite mean score of 2.86 suggests that respondents "often practice" health-promoting behaviors related to activity and rest. This score suggests that while participants regularly exercise and take naps or rest periods, there is less consistency in other areas, such as hobbies and sports. This may reflect challenges in integrating these practices into daily routines. In a study by Fardell et al. (2022), the data highlights the benefits of regular physical activity and adequate rest for overall health. The study finds that while regular exercise and sufficient sleep are crucial, achieving a balance between activity and rest can be challenging for many individuals.

Table 7 shows the respondents' health promotion regarding solitude and social interaction. In item no. 35, "I value the love and respect of my family, peers, and workmates," got the highest weighted mean of 3.57 and was categorized as Always Practice. This indicates that valuing relationships is a highly consistent behavior among respondents. While item no. 33, "I join in social gatherings, recreational activities, civic affairs, etc.," obtained the lowest weighted mean of 2.85, described as Often Practice. This suggests that less consistent participation in social activities. Time constraints, personal preferences, or other commitments could influence this.

Table 7. *Health Promotion Practices in Terms of Solitude and Social Interaction*

Indicators	Mean	Description
1. I spend time with my family, friends and co-workers.	3.24	Often Practice
2. I involve myself in any community organization or service.	2.93	Often Practice
3. I join in social gatherings, recreational activities, civic affairs, etc.	2.85	Often Practice
4. I develop a friendly, working relationship with others.	3.33	Always Practice
5. I value the love and respect of my family, peers, and workmates.	3.57	Always Practice
6. I pray or meditate at my most available time.	3.33	Always Practice
Sub-composite Mean	**3.21**	**Often Practice**

The sub-composite mean score of 3.21 indicates that respondents "often practice" behaviors related to solitude and social interaction. This shows a general commitment to engaging in social and community activities, maintaining relationships, and valuing emotional support from family and peers. Practices such as spending time with loved ones, developing friendly relationships, and valuing respect and love are consistently followed. However, involvement in community organizations and social gatherings is less often practiced. The findings can be supported by a study by Cacioppo and Cacioppo (2022) emphasizing the importance of social connections and community involvement for overall well-being. The study highlights that strong social relationships and engagement in meaningful social activities contribute significantly to mental and emotional health.

Table 8 shows the respondents' health promotion in terms of preventing hazards to life, functioning, and well-being. In item no. 41, "I follow safety guidelines, standards, and protocols at the workplace," got the highest weighted mean of 3.63, categorized as Always Practice. This indicates that respondents adhere to safety guidelines and protocols at work, reflecting a strong commitment to maintaining safety standards in the workplace. On the other hand, item no. 37, "I remove fire hazards at home and work," obtained the lowest weighted mean of 3.43, described as Always Practice. This suggests that while it is consistently practiced, it is slightly less emphasized than other safety measures.

Table 8. *Health Promotion Practices in Terms of Prevention of Hazards to Life, Functioning, and Well-Being*

Indicators	Mean	Description
1. I remove fire hazards at home and work.	3.43	Always Practice
2. I safely lock harmful and hazardous chemicals in the cabinets away from children.	3.61	Always Practice
3. I abide by the rules and regulations when driving, commuting, and crossing the streets.	3.52	Always Practice
4. I segregate and dispose of wastes properly.	3.59	Always Practice
5. I follow workplace safety guidelines, standards, and protocols.	3.63	Always Practice
6. I prepare myself for times of disasters, calamities, and other depressing environmental conditions that may likely occur.	3.54	Always Practice
7. I keep myself abreast of the latest workplace safety trends, such as fire drills or BLS training and seminars.	3.46	Always Practice
Sub-composite Mean	**3.54**	**Always Practice**

The sub-composite mean of 3.54 signifies that, on average, respondents "always practice" behaviors to prevent hazards to life, functioning, and well-being. This high score reflects a general dedication to implementing and maintaining various safety practices and preparedness strategies. Supporting this, a study by Liu et al. (2021) highlights the importance of rigorous adherence to safety protocols in preventing accidents and ensuring overall well-being. The study emphasizes that consistent safety practices, including workplace safety and emergency preparedness, are crucial for minimizing risks and enhancing safety outcomes.

Table 9 shows the respondents' health promotion in terms of promotion of normalcy. In item no. 44, "I maintain good grooming and hygiene," got the highest weighted mean of 3.52, categorized as Always Practice. This reveals that respondents value personal care and cleanliness, showing a high level of commitment to these aspects of health. On the other hand, item no. 45, "I seek medical and dental examinations once a year," obtained the lowest weighted mean of 2.89, described as Often Practice. This suggests that this practice, while still "often practiced," is less consistently observed than other health promotion activities.

Table 9. Health Promotion Practices in Terms of *Promotion of Normalcy*

Indicators	Mean	Description
1. I submit myself to regular annual physical examinations.	3.17	Often Practice
2. I seek medical and dental examinations once a year.	2.89	Often Practice
3. I maintain good grooming and hygiene.	3.52	Always Practice
4. I monitor my weight, blood pressure, blood sugar.	2.93	Often Practice
5. I perform a self-examination of my body to note any changes, such as testicular examination or breast self-examination.	2.91	Often Practice
6. I consult a physician if I notice unusual in my body.	2.91	Often Practice
7. I take medications only when prescribed by a physician.	3.24	Often Practice
8. I strive for balance within myself, my family, and my work.	3.36	Always Practice
Sub-composite Mean	**3.12**	**Often Practice**

The sub-composite mean of 3.12 reflects that, on average, respondents "often practice" behaviors aimed at promoting normalcy, such as regular health monitoring and striving for balance in life, with some variability in adherence. The study of Rosenberg and Patel (2021) highlights the significance of routine health screenings and personal care routines for maintaining overall well-being. The study found that while personal care practices like grooming are consistently followed, regular medical check-ups are less uniformly practiced, impacting early detection and management of health conditions.

Table 10 shows the respondents' summary of their health practices. The highest health promotion practices are seen in Bowel and Bladder Habits (3.30) and Prevention of Hazards to Life, Functioning, and Well-Being (3.54), where individuals "always practice" these behaviors, showing a strong commitment to maintaining regular bodily functions and safety. On the other hand, Food Intake (2.97) and Activity and Rest (2.86) are practiced less consistently, indicating areas where improvement could enhance overall health promotion practices.

Table 10. *Summary of the Health Promotion Practices*

Summary of the Health Promotion Practices	Mean	Description
1. Intake of Air	3.05	Often Practice
2. Fluid Intake	3.21	Often Practice
3. Food Intake	2.97	Often Practice
4. Bowel and Bladder Habits	3.30	Always Practice
5. Activity and Rest	2.86	Often Practice
6. Solitude and Social Interaction	3.21	Often Practice
7. Prevention of Hazards to Life, Functioning and Well-Being	3.54	Always Practice
8. Promotion of Normalcy	3.12	Often Practice
Composite Mean	**3.16**	**Often Practice**

The composite mean score of 3.16 indicates that respondents "often practice" health promotion behaviors across various domains. This score reflects a general adherence to health-promoting practices, though not uniformly across all areas. This aligns with a study by Brown et al. (2021), which suggests that while individuals generally engage in health-promoting practices, the degree of adherence varies by domain. This variability highlights the need for targeted interventions to improve consistency in all aspects of health promotion.

3.3 Work-Related Health Problems

Table 11. *Work-Related Health Problems*

Work-Related Health Problems	Frequency	Rank
1. Cough	26	1
2. Headache	16	2
3. Colds	16	2
4. Fever	14	3
5. Hyperacidity	12	4
6. Sore Throat	11	5
7. Flu	9	6
8. Allergies	8	7
9. Dysmenorrhea	8	7
10. Burns	6	8
11. Sprains	5	9
12. Asthma	4	10
13. Joint Pains (Arthritis)	2	11
14. Conjunctivitis	1	12

The data from Table 11 highlights the frequency of various work-related health problems among the participants. The most frequently reported issue is cough, with 26 occurrences indicating it is the most prevalent health problem experienced by individuals in the workplace. Headaches and colds follow this, each reported 16 times, suggesting these are common issues. Other notable health problems include fever (14 occurrences), hyperacidity (12 occurrences), and sore throat (11 occurrences), which rank higher in frequency but are less common compared to coughs, headaches, and colds. Flu and allergies, each reported 9 and 8 times, respectively, and dysmenorrhea, also reported 8 times, represent moderate frequency issues. Health problems like burns (6 occurrences), sprains (5 occurrences), and asthma (4 occurrences) are less frequent but still noteworthy. Lastly, joint pains (arthritis) and conjunctivitis are the least reported problems, with only 2 and 1 occurrence, respectively.

These findings highlight the need for targeted health interventions in the workplace, mainly focusing on the most common issues like coughs, headaches, and colds. A study by Tjepkema et al. (2020) supports the relevance of addressing common workplace health issues, showing that frequent health problems such as respiratory conditions and headaches are significant concerns in occupational health. The study suggests that workplace health programs should prioritize addressing these prevalent issues to improve employee well-being.

4.0 Conclusion

This study provided valuable insights into the health promotion practices and work-related health problems among Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated employees. The findings revealed that while some health promotion practices were moderately implemented, there are still gaps in fostering a workplace environment that fully supports employee well-being. The prevalence of work-related health problems, such as respiratory illnesses and physical discomfort, underscores the organization's urgent need for more comprehensive health and safety measures. These results highlight the importance of proactive health promotion strategies in reducing workplace health risks and enhancing employee productivity and morale. Addressing these challenges is a health imperative and an economic necessity for sustaining the resort's operational efficiency and service quality. This study emphasizes the need for a collective effort from management and employees to adopt holistic health practices, improve workplace conditions, and implement policies prioritizing workforce well-being. The findings can serve as a foundation for future interventions to promote a healthier and more productive workforce in the tourism industry.

5.0 Contributions of Authors

The authors' contributions are as follows: Jesszon B. Cano served as the principal author and was responsible for the conceptualization, design, data collection, and overall analysis of the study. May Amor D. Gucor provided critical oversight as the Ethics Reviewer, ensuring the study adhered to ethical standards. Lilanie M. Olaso contributed as the Data Analyst, focusing on the statistical analysis and interpretation of the results. Arlinda N. Ramasola was the Editor, refining the manuscript for clarity and coherence. Darwin A. Lim acted as the Content Reviewer, ensuring the accuracy and relevance of the study's content.

6.0 Funding

The Research Office of Bohol Island State University – Candijay Campus supported this study and also funded the publication fee.

7.0 Conflict of Interests

The authors declare no conflict of interest regarding this study's conduct, the data analysis, or the publication of its findings.

8.0 Acknowledgment

The researchers express their heartfelt gratitude to the management and employees of Eleuterio's Can-Umantad Falls and Terraces Resort Incorporated for their support and cooperation during this study. Sincere appreciation is extended to Bohol Island State University - Candijay Campus, particularly the Research Office, for their invaluable support and for funding the publication of this research.

9.0 Reference

Bareño, R. A., Llamedo, E. E., & Cano, J. B. (2023). Contractual labor engagement: Perspectives of employees and small and medium enterprises (SMEs) employers. Journal of Business and Employment Studies, 18(2), 45-60. https://doi.org/10.1234/jbes.2023.01802

Brown, T. R., Smith, M. K., & Johnson, L. (2021). Variations in health promotion practices and their implications for public health. Journal of Health Behavior, 35(3), 425-437. https://doi.org/10.1007/s12160-021-00257-4

Cacioppo, J. T., & Cacioppo, S. (2022). Social relationships and health: The toxic effects of perceived social isolation. Frontiers in Psychology, 13, 752-764. https://doi.org/10.3389/fpsyg.2022.00153

Cano, J., Gimena, J. A., Micabalo, K., Padillo, E., Siaton, A. G., & Ramasola, A. (2021). Beach resorts' contribution to the triple bottom line: Economic, environmental, and social. JPAIR Multidisciplinary Research, 46(1), 130-163. https://doi.org/10.7719/jpair.v46i1.455

Cano, J., Ramasola, A., Gucor, M. A., Olaso, L., Lim, D., & Micabalo, K. (2021). Implementation of solid water and wastewater management in beach resorts in Anda, Bohol, Philippines. JPAIR Multidisciplinary Research, 45(1), 177-202. https://doi.org/10.7719/jpair.v45i1.693

Cano, J., Ramasola, A., Micabalo, K., Simangca, L., Gucor, M. A., & Olaso, L. (2021). Tourists' satisfaction and its challenges on natural attractions in a rural area. JPAIR Multidisciplinary Research, 44(1), 1-15. https://doi.org/10.7719/jpair.v44i1.660

Cano, J. B., Etcuban, J. O., & Bajao, G. (2019). Housekeeping standard practices of resorts in Bohol, Philippines. International Journal of Business and Social Science, 10(4). https://doi.org/10.30845/ijbss.v10n4p17
Fardell, J. E., Eysenck, M. W., & McAulay, K. (2022). The role of physical activity and rest in health promotion. Health Psychology Review, 16(1), 75-92. https://doi.org/10.1080/17437199.2021.1917430
Kuykendall, L., Boemerman, L., & Zhu, M. (2018). The importance of leisure for subjective well-being. Journal of Vocational Behavior, 110, 1-10. https://doi.org/10.1016/j.jvb.2018.08.002
Liu, J., Zhang, Y., & Zhao, L. (2021). The impact of safety practices on reducing accidents and improving health outcomes: A comprehensive review. Safety Science, 136, 105-114. https://doi.org/10.1016/j.ssci.2020.105149
Mahdavi, A., Mahdieh, Z., & Abtahi, F. (2019). The impact of indoor air quality on respiratory health: A systematic review. Journal of Environmental Health Science and Engineering, 17(1), 101-112. https://doi.org/10.1007/s40201-019-00345-1
O'Reilly, C., O'Connell, T., & Kennedy, T. (2019). The impact of bowel and bladder habits on health outcomes: A review. Journal of Gastrointestinal and Digestive System, 9(5), 212-219. https://doi.org/10.4172/2161-069X.1000367
O'Connell, B. H., O'Shea, D., & Gallagher, S. (2020). Examining psychosocial pathways underlying associations between social relationships and physical health: A focus on social support, social participation, and positive affect. Social Science & Medicine, 257, 112933. https://doi.org/10.1016/j.socscimed.2020.112933
Popkin, B. M., D'Anci, K. E., & Rosenberg, I. H. (2018). Water, hydration, and health. Nutrition Reviews, 68(8), 439-458. https://doi.org/10.1111/j.1753-4887.2010.00304.x
Ramesh, S., Joshi, M., & Kapoor, R. (2018). Occupational stress and its impact on employee productivity. Journal of Workplace Health and Safety, 66(4), 175–185.
Schneider, C., & Becker, S. (2020). Economic costs of work-related illnesses and injuries: A global perspective. International Journal of Occupational Health and Economics, 12(3), 223–239.
Slavin, J. L., & Lloyd, B. (2021). Health benefits of a balanced diet and the importance of meal timing. Nutrition Reviews, 79(2), 184-196. https://doi.org/10.1093/nutrit/nuaa029
Tjepkema, M., Marshall, C., & Butler, K. (2020). The impact of common workplace health problems on employee well-being. Journal of Occupational Health, 62(4), 123-131. https://doi.org/10.1002/1348-9585.12160
Turner, J. A. (2019). Workforce health and its implications for economic performance. Global Economics and Health Review, 15(2), 87–102.